

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2015 OF THE CONDITION AND AFFAIRS OF THE

Merit Health Insurance Company

·	01260 rent Period)	, 01260 (Prior Period)	NAIC Company Code	18750	Employer's ID Number	36-3856181
Organized under the Laws of	,	Illinois	, Sta	ate of Domicile	e or Port of Entry	Illinois
Country of Domicile			<u>.</u>	ed States	,	
Licensed as business type:	,	ent & Health [X] vice Corporation []	Property/Casualty [Vision Service Corp	•	Hospital, Medical & Dental Se Health Maintenance Organiza	,
	Other []		Is HMO, Federally	Qualified? Ye	es [] No []	
Incorporated/Organized		01/08/1993	Commen	ced Business	01/08/19	993
Statutory Home Office		5215 Old Orchard Ro			Skokie, IL, US 600 (City or Town, State, Country an)77 d Zin Code)
Main Administrative Office		(Substitution)	,	Onehand Daa		а <u>пр</u> 3333)
Main Administrative Office			5215 Old	Orchard Roa (Street and Numb		
	okie, IL, US	60077 try and Zip Code)			224-935-9809 (Area Code) (Telephone Number)	
Mail Address		d Orchard Road, Suite et and Number or P.O. Box)	600		Skokie, IL, US 60077 (City or Town, State, Country and Zip	Code)
Primary Location of Books a	and Records			14100	Magellan Plaza	
•					et and Number)	
		O, US 63043 try and Zip Code)	,	(Δ=	314-387-5006 ea Code) (Telephone Number) (Extension	
Internet Web Site Address	wii, Olale, Odaii	ay and zip code)		N/A	ea Code) (Telephone Number) (Extension	1)
Statutory Statement Contac	t	David P. Kı	ınz		314-387-5006	
•	-	(Name)		_	(Area Code) (Telephone Number) (Extension)
dpkun	z@magellan E-Mail Addre				314-387-5407 (Fax Number)	
Name Mostafa Kamal # Jeffrey Nelson Wes	, _ t, _	Title President Treasurei		Name		Title Secretary
			OTHER OFFICE	ERS		
Linton Clarke Newlin	<u>1</u>	Vice-Preside		ichael Patrick		stant Secretary
John DiBernardi Anne McCabe		Assistant Secr Vice-Preside		Sanjeev Sriva	astava #,vi	ce-President
Mostafa Kamal #			CTORS OR TR	USTEES Julie Ann Bil	llinaslev Jeffr	ey Nelson West
Barry Smith		Sanjeev Srivas	stava	Thomas S		niel Gregoire
State of		SS				
above, all of the herein describe that this statement, together will iabilities and of the condition and have been completed in ac may differ; or, (2) that state rule knowledge and belief, respective.	ed assets were the related exited affairs of the cordance with es or regulation ely. Furtherm copy (exception)	e the absolute property on bits, schedules and expine said reporting entity as the NAIC Annual Statemins require differences in one, the scope of this atteration of the scope of the statement of the scope of the s	f the said reporting entity, fi lanations therein contained of the reporting period stat ent Instructions and Accoun reporting not related to acci station by the described off	ree and clear from the control of th	f said reporting entity, and that on the common any liens or claims thereon, exceferred to, is a full and true statem of its income and deductions thereful and Procedures manual except to the seand procedures, according to the des the related corresponding elect statement. The electronic filing may	ept as herein stated, and ent of all the assets and rom for the period ended, e extent that: (1) state law best of their information, ronic filing with the NAIC,
Mostafa Presid			Andrew Mark Cummi Secretary	ngs	Jeffrey Nels Treasi	
Subscribed and sworn to b		is ,	•	b. If 1.	State the amendment number	Yes [X] No []
					Date filed Number of pages attached	
				2.	F - 3	

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
019999 Total individuals				,		
Group subscribers:						
						ļ
			+		·····	†
			+		ł	ł
			·		·····	·····
						<u> </u>
					1	<u> </u>
0299997 Group subscriber subtotal	0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed	ļ					ļ
0299999 Total group 0399999 Premiums due and unpaid from Medicare entities 0499999 Premiums due and unpaid from Medicaid entities	. 0	 0	J0	J0	0	 0
0399999 Premiums due and unpaid from Medicare entities	ļ		ļ			
0499999 Premiums due and unpaid from Medicaid entities	987,041					987,041
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	987,041	0	1 0	0	0	987,041

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	61 - 90 Days	5 Over 90 Days 1,000,800 1,000,800	Nonadmitted	Admitted
0399998 - Aggregate of amounts not individually listed above. 0399999 - Loans and Advances to Providers		1	1	1.000.800	1,000,800	
0399999 - Loans and Advances to Providers		0	0	1,000,800	1,000,800	
				, , , , , , , , , , , , , , , , , , , ,	, ,	
		-				
		-				
		·				
		-				
		·		<u> </u>		
		1	<u> </u>	1		
		1	1	1		
799999 Gross Health Care Receivables		0	0	1,000,800	1,000,800	

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		eivables Collected he Year 2		eivables Accrued 31 of Current Year 4	5	6 Estimated Health
Type of Health Care Receivables	On Amounts Accrued Prior to January 1 of Current Year	On Claims Accrued During the Year	On Amounts Accrued December 31 of Prior Year	On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables					0	
Claim overpayment receivables					0	
Loans and advances to providers	7,075,467		1,000,800		8,076,267	8,076,267
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables	652,302				652,302	652,302
7. Totals (Lines 1 through 6)	7,727,769	0	1,000,800	0	8,728,569	8,728,569

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid Claims									
1	2	3	4	5	6	7				
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total				
Claims Unpaid (Reported)										
		·								
						<u> </u>				
						····				
						<u> </u>				
						1				
0199999 Individually listed claims unpaid		J0	0	0	0	(
0299999 Aggregate accounts not individually listed-uncovered						ļ				
0399999 Aggregate accounts not individually listed-covered										
0499999 Subtotals	0	0	0	0	0	(
0599999 Unreported claims and other claim reserves						9,213,524				
0699999 Total amounts withheld										
0799999 Total claims unpaid						9,213,524				
0899999 Accrued medical incentive pool and bonus amounts										

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Magellan Health, Inc.	4,304,883					4,304,883	
				ļ			
			·····	 			
			ł	†			
			ł	 			
				ł			
0100000 Individually listed receivebles	4,304,883	h	1	1	1	4,304,883	Λ
0199999 Individually listed receivables	4,304,003					4,304,003	
0399999 Total gross amounts receivable	4,304,883	0	0	0	0	4,304,883	0
JOSSSS TULAI YIUSS AITIUUTILS TEUEIVADIE	4,304,003	ı	1	1	1	4,304,003	0 ,

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
	ONE			
0199999 Individually listed payables	-	0	0	0
0299999 Payables not individually listed				
0399999 Total gross payables		0	0	0

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups		0.0		0.0		ļ
2. Intermediaries	0	0.0		0.0		
3. All other providers		0.0		0.0		<u> </u>
Total capitation payments		0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service	109,999,217	100.0	xxx	Lxxx		109,999,217
Contractual fee payments		0.0	Lxxx	L xxx		
7. Bonus/withhold arrangements - fee-for-service			Lxxx	L xxx		
Bonus/withhold arrangements - contractual fee payments	l0 l	0.0	Lxxx	l xxx		
9. Non-contingent salaries	0 I	0.0	xxx	l xxx		
10. Aggregate cost arrangements	0	0.0	lxxx	l xxx		
11. All other payments	0	0.0	XXX	I xxx		
12. Total other payments	109,999,217	100.0	XXX	XXX	0	109,999,217
13. Total (Line 4 plus Line 12)	109,999,217	100 %	XXX	XXX	0	109,999,217

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EARIBIT 7 - PART 2 - SUMMART OF TRANSACTIONS		VIAILDIWILIE	3	
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
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			ł		
		-			
		-			
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			ł		
		.	ļ		ļ
		.	ļ		ļ
			<u> </u>		<u> </u>
			<u> </u>		<u> </u>
9999999 Totals			XXX	XXX	XXX

Exhibit 8

NONE

Prem., Enrollment

NONE

Prem., Enrollment

NONE

Prem., Enrollment

NONE

Prem., Enrollment

NONE

Prem., Enrollment

NONE

Prem., Enrollment

NONE

Prem., Enrollment

NONE

Prem., Enrollment

NONE

Prem., Enrollment

NONE

Prem., Enrollment

NONE

Prem., Enrollment NONE



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

A10.0				BUBBLO TUE VEAD	0045			(LOCATION)	10.0	10770
AIC Group Code 01260 BUSINESS IN THE STATE OF	Louisiana	0	hanai	DURING THE YEAR	2015			NA I I	IC Company Code	18750
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	iployees th Benefit Title XVIII	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	291,651								291,651	
2 First Quarter	304,620								304,620	
3 Second Quarter	304,864								304,864	
4. Third Quarter	308,937								308,937	
5. Current Year	4,422								4,422	
6 Current Year Member Months	3,328,820								3,328,820	
Total Member Ambulatory Encounters for Year:										
7. Physician	113,835								113,835	
8. Non-Physician	3,504								3,504	
9. Total	117,339	0	0	0	0	0	0	0	117,339	
10. Hospital Patient Days Incurred	111,542								111,542	
11. Number of Inpatient Admissions	15,581								15,581	
12. Health Premiums Written (b)	114,753,957								114,753,957	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	114,753,957								114,753,957	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	109,999,217								109,999,217	
18. Amount Incurred for Provision of Health Care Services	95,414,407								95,414,407	

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products $^{ m 0}$

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Merit Health Insurance Company **REPORT FOR: 1. CORPORATION**

								(LOCATION)		
NAIC Group Code 01260 BUSINESS IN THE STATE OF	Maine			DURING THE YEAR	2015		T	NA	IC Company Code	18750
	1	(Hospital	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year: 7. Physician	0		N(
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care productsand number of

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Merit Health Insurance Company **REPORT FOR: 1. CORPORATION**

								(LOCATION)		
NAIC Group Code 01260 BUSINESS IN THE STATE (OF Maryland			DURING THE YEAR	2015		Г	NA NA	IC Company Code	18750
	1		ehensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:			NI							
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0						ļ			
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company (LOCATION) BUSINESS IN THE STATE OF Michigan **DURING THE YEAR 2015** NAIC Company Code 18750 NAIC Group Code 01260 Comprehensive (Hospital & Medical) 5 Federal **Employees** Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Supplement Only Only Plan Medicare Medicaid Other Total Members at end of: Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter 5. Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
------------------------------------------------------------------------------------	-------------------------------------------------------------

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Merit Health Insurance Company **REPORT FOR: 1. CORPORATION**

								(LOCATION)		
NAIC Group Code 01260 BUSINESS IN THE STATE O)F Minnesota			DURING THE YEAR	2015		T	NA NA	IC Company Code	18750
	1	(Hospital	ehensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:			NI	DNI						
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0							ļ		
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
------------------------------------------------------------------------------------	-------------------------------------------------------------

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Merit Health Insurance Company **REPORT FOR: 1. CORPORATION**

								(LOCATION)		
IAIC Group Code 01260 BUSINESS IN THE STATE OF M	lissouri			DURING THE YEAR	2015		T	NA.	IC Company Code	18750
	1	(Hospital	ehensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:)						
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0		ļ							
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company (LOCATION) **DURING THE YEAR 2015** BUSINESS IN THE STATE OF Montana NAIC Company Code 18750 NAIC Group Code 01260

NAIC Cloup code 01200 BOSINESS IN THE STATE OF	montana			DOMINO THE TEAM	2010			147	ic company code	10730
	1		ehensive & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:			NI	DN						
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care productsand number of persons insured under indemnity only products	
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Merit Health Insurance Company **REPORT FOR: 1. CORPORATION**

								(LOCATION)		
NAIC Group Code 01260 BUSINESS IN THE STATE OF N	Nebraska			DURING THE YEAR	2015		T	NA	IC Company Code	18750
	1	(Hospital	ehensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	. 0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0		<u> </u>				 			
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	. 0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care productsand number of

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 01260 BUSINESS IN THE STATE OF	New Hampshire			DURING THE YEAR	2015		_	NA	IC Company Code	18750
	1	(Hospital		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year										
2 First Quarter										
3 Second Quarter										
4. Third Quarter										
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
(-) · · · · · · · · · · · · · · · · · · ·	

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company (LOCATION) **DURING THE YEAR 2015** NAIC Group Code 01260 BUSINESS IN THE STATE OF New Mexico NAIC Company Code 18750 Comprehensive (Hospital & Medical) 5 10 Federal **Employees** Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Supplement Only Only Plan Medicare Medicaid Other Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter

4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:			NI(
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	(0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
------------------------------------------------------------------------------------	-------------------------------------------------------------

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company (LOCATION) BUSINESS IN THE STATE OF North Carolina DURING THE VEAR 2015

NAIC Group Code 01260 BUSINESS IN THE STATE O	F North Carolina			DURING THE YEAR	2015			NA	IC Company Code	18750
	1	Compre (Hospital	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:	Total	muividuai	Group	Supplement	Only	Offily	Plan	iviedicare	Medicaid	Other
Prior Year	0									
2 First Quarter	I									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business, number of persons insured under PPO managed care productsand number of persons insured under indemnity only products	(a) For health business: number of persons insured under PPO managed care products _	and number of persons insured under indemnity only products
-----------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------	-------------------------------------------------------------

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Merit Health Insurance Company **REPORT FOR: 1. CORPORATION**

								(LOCATION)		
NAIC Group Code 01260 BUSINESS IN THE STATE OF No	orth Dakota			DURING THE YEAR	2015	Г	T	NA	IC Company Code	18750
	1	(Hospital	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care productsand number of

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company (LOCATION) NAIC Group Code BUSINESS IN THE STATE OF Pennsylvania **DURING THE YEAR 2015** NAIC Company Code 18750 01260

			ehensive							
	1		& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company (LOCATION) **DURING THE YEAR 2015** 18750 NAIC Group Code 01260 BUSINESS IN THE STATE OF South Dakota NAIC Company Code

NAIC Group Code 01260 BUSINESS IN THE STATE O	r South Dakota			DURING THE TEAR	2013			IN/A	ic Company Code	16750
	1	(Hospital	ehensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0			ļ						
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company (LOCATION) BUSINESS IN THE STATE OF Tennessee **DURING THE YEAR 2015** NAIC Company Code 18750 NAIC Group Code 01260 Comprehensive (Hospital & Medical) 5 Federal **Employees** Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Supplement Only Only Plan Medicare Medicaid Other Total Members at end of: Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter 5. Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services

(a) For health business: number of persons insured under PPO managed care productsand number of

18. Amount Incurred for Provision of Health Care Services

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
NAIC Group Code 01260 BUSINESS IN THE STATE O	F Texas			DURING THE YEAR	2015			. NA	IC Company Code	18750
	1	(Hospital	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0								ļ	
2 First Quarter	0								ļ	
3 Second Quarter	0								ļ	
4. Third Quarter	0								ļ	
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:			NI							
7. Physician	0								ļ	
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0								ļ	
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company

2.

								(LOCATION)		
NAIC Group Code 01260 BUSINESS IN THE STATE OF	F Utah			DURING THE YEAR	2015			NA NA	IC Company Code	18750
	1	(Hospital	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:				DNI						
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0						<u> </u>			
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Merit Health Insurance Company REPORT FOR: 1. CORPORATION (LOCATION) BUSINESS IN THE STATE OF Virginia **DURING THE YEAR 2015** NAIC Company Code 18750 NAIC Group Code 01260 Comprehensive (Hospital & Medical) 5 Federal **Employees** Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Supplement Only Only Plan Medicare Medicaid Other Total Members at end of: Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter 5. Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned.

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products

17. Amount Paid for Provision of Health Care Services18. Amount Incurred for Provision of Health Care Services

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Merit Health Insurance Company **REPORT FOR: 1. CORPORATION**

				(LOCATION)						
NAIC Group Code 01260 BUSINESS IN THE STATE OF	West Virginia			DURING THE YEAR	2015	T	Г	NA NA	IC Company Code	18750
	1	(Hospital	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:			NI	DNE						
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct										
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2.

AIC Group Code 01260 BUSINESS IN THE STATE OF	Consolidated			(LOCATION)	18750					
AIC GIOUP COUR UTZOU BUSINESS IN THE STATE OF	Consolidated	Comprel	nensive	DURING THE YEAR		_	_		AIC Company Code	
	1	(Hospital 8	Medical)	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	291,651	0	0	0	0	0	0	0	291,651	
2 First Quarter	304,620	0	0	0	0	0	0	0	304,620	
3 Second Quarter	304,864	0	0	0	0	0	0	0	304,864	
4. Third Quarter	308,937	0	0	0	0	0	0	0	308,937	
5. Current Year	4,422	0	0	0	0	0	0	0	4,422	
6 Current Year Member Months	3,328,820	0	0	0	0	0	0	0	3,328,820	
Total Member Ambulatory Encounters for Year:										
7. Physician	113,835	0	0	0	0	0	0	0	113,835	
8. Non-Physician	3,504	0	0	0	0	0	0	0	3,504	
9. Total	117,339	0	0	0	0	0	0	0	117,339	
10. Hospital Patient Days Incurred	111,542	0	0	0	0	0	0	0	111,542	
11. Number of Inpatient Admissions	15,581	0	0	0	0	0	0	0	15,581	
12. Health Premiums Written (b)	114,753,957	0	0	0	0	0	0	0	114,753,957	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	114,753,957	0	0	0	0	0	0	0	114,753,957	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	109,999,217	0	0	0	0	0	0	0	109,999,217	
18. Amount Incurred for Provision of Health Care Services	95,414,407	0	0	0	0	0	0	0	95,414,407	

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

Schedule S - Part 6

NONE

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	55,941,688		55,941,688
2.	Accident and health premiums due and unpaid (Line 15)	987,041		987,041
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	9,748,768		9,748,768
6.	Total assets (Line 28)	66,677,497	0	66,677,497
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	9,213,524	0	9,213,524
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	7,845,863		7,845,863
15.	Total liabilities (Line 24)	17,059,387	0	17,059,387
16.	Total capital and surplus (Line 33)	49,618,110	XXX	49,618,110
17.	Total liabilities, capital and surplus (Line 34)	66,677,497	0	66,677,497
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers.	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers.	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

					siness Only		
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama							
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						-
5. California							-
6. Colorado	CO						-
7. Connecticut							-
8. Delaware							-
9. District of Columbia	DC						
10. Florida			-				-
11. Georgia	GA		-				-
12. Hawaii							-
13. Idaho							
14. Illinois	IL		-			·	·
15. Indiana	IN		-			·	-
16. lowa	JA		-			-	-
17. Kansas			-			-	-
18. Kentucky							
19. Louisiana	LA						
20. Maine			-			ļ	-
21. Maryland							
22. Massachusetts							
23. Michigan							
24. Minnesota	MN						
25. Mississippi							
26. Missouri	MO						.
27. Montana	MT						
28. Nebraska	NE						
29. Nevada							
30. New Hampshire							
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	HO						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI		ļ				
41. South Carolina	SC		.				
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	XT		.				
45. Utah	T		.				
46. Vermont	VT						
47. Virginia	NA						
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam							
54. Puerto Rico							
55. US Virgin Islands							
56. Northern Mariana Islands							
57. Canada							
58. Aggregate Other Alien							
59. Totals		0	1	0	0	0	

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	_				Ü	Name of Securities					Type of Control (Ownership,			
						Exchange if					Board,	If Control is	Ultimate	
		NAIC				Publicly	Names of		Relationship to		Management,	Ownership	Controlling	
Group		Company	ID.	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Entity(ies)/	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Person(s)	*
											Ownership - no individual 10%			
					0000019411	MACDAO	Magellan Health, Inc.		UIP	Stockholders	or greater	100.0		0
					0000019411	INAGDAU	. Mayerran nearth, inc			Stockhorders	or greater	100.0	Magellan Health,	0
							Magellan Rx Management, Inc		NIA	Magellan Health, Inc	Ownership.	100.0		0
							Magellan Behavioral Health of			l agerran nearth, me	. O will of 3111 p		Magellan Health,	
01260	Magellan Health, Inc	12632	52-2310906				New Jersey, LLC	NJ		Magellan Rx, Management Inc	Ownership	100.0	Inc.	0
													Magellan Health,	
							Magellan Healthcare, Inc		UDP	Magellan Health, Inc	Ownership	100.0	Inc.	0
							Merit Behavioral Care				,		Magellan Health,	
							Corporation		NIA	Magellan Healthcare, Inc	Ownership	100.0	Inc	0
							Magellan Behavioral Health of			Merit Behavioral Care			Magellan Health,	
01260	Magellan Health, Inc	47019	23-2759528				Pennsylvania, Inc	PA	IA	Corporation	Ownership	100.0	Inc	0
04000	Manadan Harlah Las	40750	00 0050404				Marita Haraltha Larrana Orana and		DE	Manaldan Haaldhaana Jan	Own a sala ta	400.0	Magellan Health,	_
01260	Magellan Health, Inc	18750	36-3856181				Merit Health Insurance Company	IL	RE	Magellan Healthcare, Inc	Ownership	100.0	Inc Magellan Health,	0
01260	Magellan Health, Inc.	97292	57-0724249				Magellan Life Insurance Company	DE	DS	Merit Health Insurance Company	Ownership	100.0	magerran Hearth,	٥
01200		91 292	. 37 -07 24249				. Magerran Erre msurance company			Colliparty	. ownerstrip	100.0	Magellan Health,	0
01260	Magellan Health, Inc	14447	45-4229574				Florida MHS. Inc.	FI	I A	Magellan Healthcare, Inc	Ownership	100.0		٥
01200	magerran nearth, mc		. 40-4223074				Magellan Behavioral Health of			l magerran neartheare, me	. Owner sirrp		Magellan Health,	0
01260	Magellan Health, Inc.	14441	46 - 0856929				Nebraska. Inc.	NE	IA	Magellan Healthcare, Inc	Ownership.	100.0	Inc	0
0.200							Magellan Health Services of			l ago ran noar moaro, morman			Magellan Health,	
							Arizona, Inc.		NIA	Magellanl Healthcare, Inc	Ownership	100.0	Inc	0
							Magellan Complete Care of			Magellan Health Services of	'		Magellan Health,	
01260	Magellan Health, Inc	14641	45-5337737				Arizona, Inc	AZ	IA	Arizona, Inc	Ownership	100.0		0
							Magellan Complete Care of Iowa,						Magellan Health,	
01260	Magellan Health, Inc	15500	46-3948241				Inc	I A	IA	Magellan Healthcare, Inc	Ownership	100.0		0
										l., ., ., ., .,		00.0	Magellan Health,	
							AlphaCare Holdings, Inc		NIA	Magellan Healthcare, Inc	Ownership	82.0	Inc	0
		15280	38-3889400				AlphaCare of New York, Inc.	NY	IA	AlphaCare Holdings, Inc	Ownership.	82.0	Magellan Health,	٥
							Magellan Complete Care of	INT	IA	Aipilacare nordings, inc	. Ownerstrip	02.0	Magellan Health,	0
01260	Magellan Health, Inc.	15550	46-4188169				Louisiana. Inc.	LA	I A	Magellan Healthcare, Inc	Ownership	100.0	lingerran nearth,	n
01200			. 70 4100100				Magellan Complete Care of	L		Imagorian noarthoard, Illo	1 0 m 10 1 311 1 p		Magellan Health	
01260	Magellan Health, Inc	15681	47 - 1084674				Nebraska. Inc	NE	IA	Magellan Healthcare, Inc	Ownership	100.0	Inc.	n
			1				Magellan Complete Care of				1		Magellan Health]
01260	Magellan Health, Inc	15766	46 - 1853141				Indiana, Inc	IN	IA	Magellan Healthcare, Inc	Ownership	100.0	Inc	0
							Magellan Complete Care of North						Magellan Health	
01260	Magellan Health, Inc	15835	47 - 5459675				Carolina, Inc	NC	IA	Magellan Healthcare, Inc	Ownership	100.0	Inc	0
												0.0		0
			ļ									0.0		0
			-									0.0]0
			ļ									0.0		J0

Asterisk Explanation

4

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6 Purchases, Sales or	7 Income/ (Disbursements)	8	9	10	11	12	13 Reinsurance
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	58-1076937	Magellan Health, Inc					l 20 609 237 l				20 609 237	
18750	52-2135463 36-3856181	Magellan Healthcare, Inc			-						96,700	
101 00	00-0000101	morre riouren mouranos company					(20,700,937)				(20,100,931)	<u> </u>
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0000000	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	MADOU EU INO	Posneness
1.	MARCH FILING Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Responses YES
2.		YES
3.	'	YES
4.		YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	· · · · · · · · · · · · · · · · · · ·	YES
9.	,	YES
	AUGUST FILING	V50
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
which	ollowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar codupplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following ions.	e will be printed below. If
	MARCH FILING	
11.		NO
12.		YES.
13.		NONO
14.		SEE EXPLANATION
15. 16.	be filed with the state of domicile and electronically with the NAIC by March 1?	NO
10.	domicile and electronically with the NAIC by March 1?	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
18.	filed electronically with the NAIC by March 1?	SEE EXPLANATION
19.	electronically with the NAIC by March 1?	SEE EXPLANATION
20.		SEE EXPLANATION
	APRIL FILING	
21.		N0
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	YES
23.		NO
24.		NO
25.	April 1?	NO
26	AUGUST FILING Will Management's Penert of Internal Control Over Financial Penerting he filed with the state of demicile by August 12	SEE EXPLANATION
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	SEE EXITERITOR
Expla	nation:	
11.		
13.		
14. Me	erit Health Insurance Company has less than 100 stockholders, thus this filing is not required.	
15.		
16.		
17.		
18. Me	erit Health Insurance Company is not requesting relief related to the 5-year rotation requirement.	
19. Me	erit Health Insurance Company is not requesting relief related to the one-year cooling off period for independent CPAs.	
20. Me	erit Health Insurance Company is not requesting relief related to the audit committee requirement.	

21.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Merit Health Insurance Company

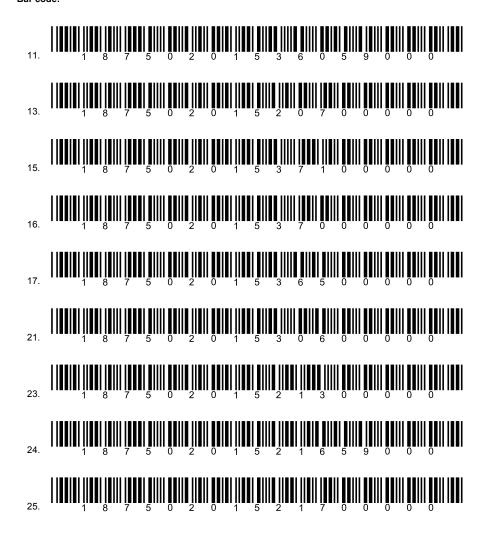
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

25.26. Merit Health Insurance Company's premiums are less than \$500 million, thus this filing is not required.

Bar code:

23

24



OVERFLOW PAGE FOR WRITE-INS

M014 Additional Aggregate Lines for Page 14 Line 25. *EXEXP - Underwriting and Investment Exhibit - Part 3

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. ACA Taxes			2,391,917		2,391,917
2505. Training Expenses	18,622		63,120		81,742
2506. Bad Debt Expense related to uninsured plans	· · · · · · · · · · · · · · · · · · ·		319,632		319,632
2597. Summary of remaining write-ins for Line 25 from Page 14	18,622	0	2,774,669	0	2,793,292

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

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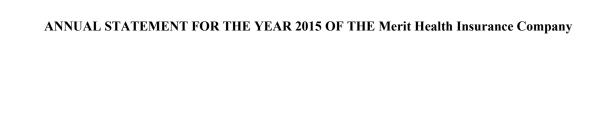
ANNUAL STATEMENT BLANK (Continued)

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LIFE SUPPLEMENTS

For The Year Ended December 31, 2015

(To Be Filed By March 1)

Life Supplement - Exhibit 5

NONE

Life Supp. - Exhibit 5 - Interrogatories

NONE

Exhibit 7 - Deposit Type Contracts

NONE

Schedule S - Part 1 - Section 1

NONE

Schedule S - Part 3 - Section 1

NONE

Direct Business - Part 1

NONE

Direct Business - Part 2

NONE

Direct Business - Part 3

NONE

NONE

Direct Business - Part 2

NONE

Direct Business - Part 3

NONE

NONE

Direct Business - Part 2

NONE

NONE

Direct Business - Part 1

NONE

Direct Business - Part 2

NONE

NONE

Direct Business - Part 1

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Direct Business - Part 2

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Direct Business - Part 1

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NONE

Direct Business - Part 3

NONE

NONE

Direct Business - Part 2

NONE

Direct Business - Part 3

NONE

Direct Business - Part 1

NONE

Direct Business - Part 2

NONE

Direct Business - Part 3

NONE



DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2015

NAIC G	Group Code 01260	LIFE	INSURANC	E	NAIC Company	Code 18750
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1	Life insurance	Ordinary	and individual)	Group	inuustiiai	1 Olai
						٥
			ХХХ		ууу	 N
	Other considerations					 N
5	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
3.	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit	0	0		0	
8.	7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 + 7.4)			0		0 0 0
10. 11. 12. 13.	Matured endowments		0	0	0	
15.	DETAILS OF WRITE-INS	U	U	0	0	U
1302. 1303. 1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	
1399.	page	0			0	

	Oı	rdinary		edit Life and Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED			No. of Ind. Pols.	·		-		-		
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									0	0
Settled during current										
year:										
18.1 By payment in full									0	0
18.2 By payment on										
compromised claims.									0	0
	0	0	J	0	0	0	0	0	0	0
18.4 Reduction by									_	
compromise			ı	i						0
18.5 Amount rejected										L0
18.6 Total settlements		0	J	0		0		0		LU
19. Unpaid Dec. 31, current										
year (Lines 16+17- 18.6)	0	0	۱ ،	0	0	ا ۱	0	٥	0	_
10.0)	0	U	0	U	No. of	U	U	0	U	0
POLICY EXHIBIT					Policies					
20. In force December 31.				(a)						
prior year	0 l	0	0	0	0	L0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force										
(Net)									0	0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0
(a) Includes Individual Credit L	ife Insurance	e: prior year \$		cu	rrent year \$					

Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
4. Group policies (b)					
4.1 Federal Employees Health Benefits Plan premium (b)					
 4.1 Federal Employees Health Benefits Plan premium (b)					
4.3 Collectively renewable policies (b)					
4.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:			l		
5.1 Non-cancelable (b)					
5.2 Guaranteed renewable (b)					
5.3 Non-renewable for stated reasons only (b)					
5.4 Other accident only					
5.5 All other (b)	114,753,957	114,753,957	0	109,999,217	95,414,40
5.6 Totals (sum of Lines 25.1 to 25.5)	114,753,957	114,753,957	0	109,999,217	95,414,40
15.1 Non-cancelable (b). 15.2 Guaranteed renewable (b). 15.3 Non-renewable for stated reasons only (b). 15.4 Other accident only. 15.5 All other (b). 15.6 Totals (sum of Lines 25.1 to 25.5). 16. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	114,753,957	114,753,957	0	109,999,217	95,414,40
(b) For health business on indicated lines report: Number of pe	ersons insured under PPC	managed care produ	cts	0 and number of per	sons insured under

206.LA



DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2015

IC G	roup Code 01260	LIFE	NAIC Company C	pany Code 18750		
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
	Life insurance					
	Annuity considerations					
	Deposit-type contract funds		XXX		XXX	
	Other considerations					
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit					
	6.2 Applied to pay renewal premiums					
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium paying period					
	6.4 Other					
	6.5 Totals (sum of Lines 6.1 to 6.4)	0	J0 J	0	0	
	Annuities:					
	7.1 Paid in cash or left on deposit					
	7.2 Applied to provide paid-up annuities					
	7.3 Other					
	7.4 Totals (sum of Lines 7.1 to 7.3)			0	0	
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
	Surrender values and withdrawals for life contracts		l			
13.	Aggregate write-ins for miscellaneous direct claims and					
	benefits paid	0	l0 l	0	0 L	
14.	All other benefits, except accident and health					
	Totals	0	0	0	0	
	DETAILS OF WRITE-INS					
398	Summary of remaining write-ins for Line 13 from overflow					
	page	0	L	0	0	
300	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

		dinary	(Group a			Group		lustrial		Γotal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	
Settled during current year: 18.1 By payment in full 18.2 By payment on									0	
		0	0	0	0	0	0	0 .	0	
18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)		0	D	0	0	0		0	0	
POLICY EXHIBIT 20. In force December 31, prior year	0	0	0	(a)0	No. of Policies	0	0	0	0	
									0	
23. In force December 31 of current year	0	0		(a) (0	0	0	0	
 (a) Includes Individual Credit Life I Includes Group Credit Life I Loans greater than 60 month 	nsurance: L	oans less than o						ent year \$year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND IIL	ALIII III SI	DIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:			1		
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	0
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	1 0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2015

Group Code 01260	1	2	3	4 1	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					
2. Annuity considerations					
Deposit-type contract funds		XXX		XXX	
Other considerations					
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period					
6.4 Other					
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	
Annuities:					
7.1 Paid in cash or left on deposit					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
7.4 Totals (Suff of Lines 7.1 to 7.3)		- 	h		
DIRECT CLAIMS AND BENEFITS PAID	U	U	- 0	0	
9. Death benefits		····			
D. Matured endowments		····			
1. Annuity benefits					
Surrender values and withdrawals for life contracts					
Aggregate write-ins for miscellaneous direct claims and	•	<u> </u>			
benefits paid	0	ļ0 	0	0	
4. All other benefits, except accident and health		ļ			
5. Totals	0	0	0	0	
DETAILS OF WRITE-INS					
1		 			
2					
3					
8. Summary of remaining write-ins for Line 13 from overflow		į į			
page	0	L0 L	0	0	
9. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

				edit Life						
ļ		rdinary	V F -	nd Individual)		Group		dustrial	Total	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0		
Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims									0	
18.3 Totals paid 18.4 Reduction by	0	0	0	0	0	0	0	0	0	
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT 20. In force December 31, prior year	0	0	0	(a)0	No. of Policies	0	0	0	0	
21. Issued during year									0	
23. In force December 31 of current year	0	0	0	(a) (0	0	0	0	
(a) Includes Individual Credit Li Includes Group Credit Life I Loans greater than 60 mon	Insurance: L	oans less than o						rent year \$ year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND IIL	ALIII III SI	DIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:			1		
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	0
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	1 0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2015

Group Code 01260	LIFE	INSURANCI		NAIC Company C	ode 18750
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
Life insurance					
Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					
6.4 Other					
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	
Annuities:					
7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)			0	0	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and					
benefits paid	0	0	0	0	
14. All other benefits, except accident and health		 			
15. Totals	0	0	0	0	
DETAILS OF WRITE-INS					
01					
02.					
03.					
98. Summary of remaining write-ins for Line 13 from overflow					
page	0		0	D	
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

	Or	dinary		edit Life ind Individual)	(Group	Inc	lustrial		Гotal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind. Pols. &	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	
17. Incurred during current										
year									0	
Settled during current										
year:										
									0	
18.2 By payment on										
compromised claims									0	
		0	0	0	0	0	0	0		
18.4 Reduction by										
compromise									0	
18.5 Amount rejected									0	
18.6 Total settlements		0	0	0	0	0 .	0			
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	0	0	0	0	0	0	0	0	0	
21. Issued during year									0	
22. Other changes to in force										
(Net)									0	
23. In force December 31				(a)						
of current year	0	0	0			0	0	0	0	
i) Includes Individual Credit Lit	fe Insurance	e: prior year \$		VV.	rreat years					
Includes Group Credit Life In								ent year \$		
Loans greater than 60 mont	hs at issue E	BUT NOT GREAT	ΓER THAN 1	20 MONTHS, pric	or year \$		current	year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDE	IN I AND HE	.AL 111 11431	DIVAIVE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	0
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	1 0	0	0

6. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2015

C Group Code 01260	LIFE	INSURANCI		NAIC Company Code 18750			
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
Life insurance							
7							
Deposit-type contract funds		ДХХХ		XXX			
Other considerations							
5. Totals (Sum of Lines 1 to 4)	0	0	0	0			
DIRECT DIVIDENDS TO POLICYHOLDERS							
Life insurance:							
6.1 Paid in cash or left on deposit							
6.2 Applied to pay renewal premiums							
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period							
6.4 Other							
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0			
Annuities:							
7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other	\						
7.2 Applied to provide paid-up annuities							
7.3 Other	$\mathbf{V} \mathbf{V} \mathbf{J}$						
7.4 Totals (sum of Lines 7.1 to 7.3)			0	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID							
9. Death benefits							
10. Matured endowments							
11. Annuity benefits							
13. Aggregate write-ins for miscellaneous direct claims and	^		_	_			
benefits paid	0	^U					
14. All other benefits, except accident and health	Λ	·····					
15. Totals	U	0	0	0			
DETAILS OF WRITE-INS							
01							
02							
303.							
98. Summary of remaining write-ins for Line 13 from overflow	Λ	_	_	_			
page		J	h	h			
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0 [

	Q	rdinary		edit Life and Individual)	(Group	Inc	dustrial		Total
1	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,		7 1110 0110	0 00	741104111	00.10.	7 1110 01110		7 1110 0110	110.	7 1110 0110
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									0	0
Settled during current										
year:										
18.1 By payment in full									0	0
18.2 By payment on										
compromised claims									0	0
18.3 Totals paid		0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
		0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
1313,			,	_	No. of	-			_	
POLICY EXHIBIT					Policies					
20. In force December 31.				(a)						
prior year	0	0	n	0	0	0	0	0	n	0
21. Issued during year									0	0
22. Other changes to in force		• • • • • • • • • • • • • • • • • • • •								
(Net)									0	0
23. In force December 31				(a)		•				
of current year	0	0	0			0	0	0	0	0
(a) Includes Individual Credit L	ife Insurance	e: prior vear \$		VI	rre t ve.	,		· · · · · · · · · · · · · · · · · · ·		-
Includes Group Credit Life				months at paule.	prior year 3		CIL	rent year \$		
Loans greater than 60 mon										
Esans greater than 60 mon	and at 155ac	DOT NOT OILL		20 11101 pric	γουι ψ		Suitern	. γουι ψ		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Divide a de Deid e a	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24. Group policies (b)					
24.3 Collectively renewable policies (b)					
25.1 Non-cancelable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0 0	



DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2015

AIC Group Code 01260	LIFE	INSURANC	E	NAIC Company Code 18750		
	1	2	3	4	5	
DIRECT PREMIUMS		Credit Life (Group				
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance						
Annuity considerations						
Deposit-type contract funds		XXX		XXX		
Other considerations						
5. Totals (Sum of Lines 1 to 4)	0	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS	S					
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten t						
endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	0	ļ0 ļ	0	0		
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)			<u>0</u>	<u>0</u>		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
Death benefits						
10. Matured endowments						
11. Annuity benefits						
Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims	and					
benefits paid	0	ļ0 l	0	0		
14. All other benefits, except accident and health		ļ				
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS						
301.						
302.						
303.						
398. Summary of remaining write-ins for Line 13 from over	erflow					
pagé		J 0 J	0	Q		
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 ab	ove) 0	0	0	0		

	0.	rdin on /		edit Life	,	Craun	lm.	dustrial		Total
l -	1	rdinary		nd Individual)		Group	7	dustrial	9	
DIRECT DEATH	1	2	3	4	5	6	,	8	9	10
BENEFITS AND MATURED			No. of							
ENDOWMENTS			Ind. Pols. &		Nia af					
INCURRED	No.	Amount	Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
	INO.	Amount	Gr. Ceruis.	Amount	Certiis.	Amount	INO.	Amount	NO.	Amount
16. Unpaid December 31,	0	0	_	0	0	0	0	0	_	
prior year	l	0		0		0	0	0	L	L0
17. Incurred during current									_	_
year									U	LU
Settled during current										
year: 18.1 By payment in full									_	_
									L	<u> </u> U
18.2 By payment on									_	_
compromised claims .									L	L
18.3 Totals paid 18.4 Reduction by	ا لاا	0	J	0		l0		0	L	0
									_	_
compromise									L	LU
18.6 Total settlements				^		Λ			J	0
19. Unpaid Dec. 31, current	l	0		0		l0		0		LU
year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	٥	0	_
10.0)	U	U	U	0	U Diameter	U	U	U	0	U
DOLLOW EXCURIT					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,	_			(a)	_			_	_	_
prior year		0	J	0	0	}0	0	L ⁰	ļ	ļ0
21. Issued during year									ļ	L ⁰
22. Other changes to in force			_	_		l			_	_
(Net)				(-)					L	LU
	0	0		(a)			0	0	0	_
of current year		U	0	\ 			0	U	1 0	<u> </u>
(a) Includes Individual Credit L	ne insurance	e. prior year \$			rre it years	-		t C		
Includes Group Credit Life	msurance: L	Loans less than o	equal to 60	months at issue,	piror year			rent year \$		
Loans greater than 60 mon	tns at issue l	BUT NOT GREA	IER IHAN 1	ZU MONTHS, pric	oryear\$		current	year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDE	AI AND UE	ALIHINSU	JRANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)24.4 Medicare Title XVIII exempt from state taxes or fees					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0]0	0	L0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	1 0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2015

AIC (Group Code 01260	LIFE INSURANCE NAIC Company Code 18750									
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5					
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total					
1.	Life insurance										
2.											
3.	Deposit-type contract funds		LXXXL		XXX						
4.	Other considerations										
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0						
	DIRECT DIVIDENDS TO POLICYHOLDERS										
	Life insurance:										
	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premiums										
	6.3 Applied to provide paid-up additions or shorten the										
	endowment or premium paying period										
	6.4 Other										
	6.5 Totals (sum of Lines 6.1 to 6.4)	Λ	n	n	0						
	Annuities:		I								
	7.1 Paid in cash or left on deposit										
	7.3 Other		\								
_	7.4 Totals (sum of Lines 7.1 to 7.3)	, ,		U	U						
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0						
	DIRECT CLAIMS AND BENEFITS PAID										
	Death benefits										
	Matured endowments										
	Annuity benefits										
	Surrender values and withdrawals for life contracts										
13.	Aggregate write-ins for miscellaneous direct claims and										
	benefits paid	0	0	0	0						
14.	All other benefits, except accident and health										
15.	Totals	0	0	0	0						
	DETAILS OF WRITE-INS	•				•					
301.			<u> </u>								
302.											
303.											
398	Summary of remaining write-ins for Line 13 from overflow										
		0	l0 l	0	0						
200	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	ñ	0	0	0						

				edit Life		_				
		rdinary		nd Individual)		Group		dustrial		Total
DIRECT DEATH BENEFITS AND MATURED	1	2	3 No. of Ind. Pols.	4	5	6	7	8	9	10
ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	C
17. Incurred during current										
year									0	0
Settled during current										
year:										
18.1 By payment in full			<u> </u>						0	
18.2 By payment on	i		İ							
compromised claims .									0	(
18.3 Totals paid	0	0	0	0	0	0	0	0	0	(
18.4 Reduction by										
									٥	r
18.5 Amount rejected									0	
18.6 Total settlements	0	Λ	0	0	Λ	n	Λ	Λ	0	
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	٥	0	(
10.0)	0	0	· ·	U	No. of	U	0	U	U	U
POLICY EXHIBIT					No. of Policies					
20. In force December 31,			1	(a)						
prior year	0	0	0	0	0	0	0	0	0	(
21. Issued during year			<u> </u>						L0	(
22. Other changes to in force	I						l			
									0	
23. In force December 31			.	(a)						
of current year	0	0	0			0	0	0	0	(
a) Includes Individual Credit L	ife Insurance	e: prior year \$			rre t yea					
Includes Group Credit Life I	Insurance: L	oans less than o	r equal to 60	months at paule.	pnor year \$		Curr	rent year \$		
Loans greater than 60 mon										

ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND DE	ALID INSU	UKANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

indemnity only products



DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2015

Group Code 01260	LIFE	INSURANCI		NAIC Company Code 18750			
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
Life insurance							
,							
Deposit-type contract funds		XXX		XXX			
4. Other considerations							
5. Totals (Sum of Lines 1 to 4)	0	0	0	0			
DIRECT DIVIDENDS TO POLICYHOLDERS							
Life insurance:							
6.1 Paid in cash or left on deposit							
6.2 Applied to pay renewal premiums							
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period							
6.4 Other							
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0			
Annuities:							
7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other							
7.2 Applied to provide paid-up annuities							
7.3 Other							
7.4 Totals (sum of Lines 7.1 to 7.3)			0	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID							
9. Death benefits							
10. Matured endowments							
11. Annuity benefits							
12. Surrender values and withdrawals for life contracts							
13. Aggregate write-ins for miscellaneous direct claims and							
benefits paid	0	0	0	0			
14. All other benefits, except accident and health							
15. Totals	0	0	0	0			
DETAILS OF WRITE-INS							
01							
02.							
03							
98. Summary of remaining write-ins for Line 13 from overflow							
page	0	J	0	0			
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0			

	Oı	rdinary		edit Life nd Individual)	(Group	Inc	dustrial		Total
1	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	140.	7 tillouit	Or. Ocraio.	Aniount	Ocitiis.	7 tillouit	110.	7 anount	110.	7 tillouit
prior year	ا ۱	0	۱ ،	0	0	n	ا ۱	٥	ا ا	ا ۱
17. Incurred during current year									0	0
Settled during current										
year: 18.1 By payment in full									0	0
18.2 By payment on									_	_
compromised claims . 18.3 Totals paid		0			n	l	0	Λ	U	0
18.4 Reduction by compromise			J	0				0		
18.5 Amount rejected									 n	0 N
	0	Λ	n	n	Λ	Λ	0	Λ	n	n
19. Unpaid Dec. 31, current		0								
year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
10.07			ı .	0	No. of		Ů	, ,		
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	0	0	0	0	0	0	0	0	0	0
			ļ						0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0		(a)		0	0	0	0	0
(a) Includes Individual Credit L		e: prior vear \$			rre t ve.	· ·	· · · · · · · · · · · · · · · · · · ·		· · · · · ·	-
Includes Group Credit Life Loans greater than 60 mon	Insurance: L	oans less than o	r equal to 60					rent year \$ t year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	ALIHINS	DRANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b).					
24. Group policies (b)					
 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees 					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:			1		
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.1 Non-cancelable (b)					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0



DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2015

Group Code 01260	1	2	3	NAIC Company C	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					
2. Annuity considerations					
Deposit-type contract funds		XXX		XXX	
Other considerations					
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period					
6.4 Other					
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up artifulties		-			
7.3 Other		· · · · · · · · · · · · · · · · · · ·			
7.4 Totals (sum of Lines 7.1 to 7.3)		- 	h	<u>0</u>	
8. Grand Totals (Lines 6.5 + 7.4)	U	U	0	0	
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
D. Matured endowments					
Annuity benefits					
Surrender values and withdrawals for life contracts					
Aggregate write-ins for miscellaneous direct claims and	_	_			
benefits paid	0	ļ0 ļ	0	0	
4. All other benefits, except accident and health					
5. Totals	0	0	0	0	
DETAILS OF WRITE-INS					
1					
2.					
3					
3. Summary of remaining write-ins for Line 13 from overflow					
page	0	L0 L	0	0	
9. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

				edit Life						
ļ		rdinary	V F -	nd Individual)		Group		dustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0		
Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims									0	
18.3 Totals paid 18.4 Reduction by	0	0	0	0	0	0	0	0	0	
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT 20. In force December 31, prior year	0	0	0	(a)0	No. of Policies	0	0	0	0	
21. Issued during year									0	
23. In force December 31 of current year	0	0	0	(a) (0	0	0	0	
(a) Includes Individual Credit Li Includes Group Credit Life I Loans greater than 60 mon	Insurance: L	oans less than o						rent year \$ year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND IIL	ALIII III SI	DIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:			1		
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	0
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	1 0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2015

Group Code 01260	LIFE	INSURANCI		NAIC Company Code 18750			
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
Life insurance							
7							
Deposit-type contract funds		ДХХХ		XXX			
4. Other considerations							
5. Totals (Sum of Lines 1 to 4)	0	0	0	0			
DIRECT DIVIDENDS TO POLICYHOLDERS							
Life insurance:							
6.1 Paid in cash or left on deposit							
6.2 Applied to pay renewal premiums							
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period							
6.4 Other							
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0			
Annuities:							
7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other							
7.2 Applied to provide paid-up annuities							
7.3 Other							
7.4 Totals (sum of Lines 7.1 to 7.3)			0	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID							
9. Death benefits							
10. Matured endowments		····					
11. Annuity benefits							
13. Aggregate write-ins for miscellaneous direct claims and	٥		0	_			
benefits paid	U	^U	J	^D			
15. Totals	Λ	l		·····			
DETAILS OF WRITE-INS	U	0	0	· · · · · · · · · · · · · · · · · · ·			
01.							
02.		····					
803							
page	Λ	n	n	م ا			
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)		J \(\)					
33. Total (Lines 1301 tillough 1303 + 1396) (Line 13 above)	0	U	0 1	0			

	Oı	rdinary		edit Life nd Individual)	(Group	Inc	dustrial		Total
1	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	140.	7 tillouit	Or. Ocraio.	Aniount	Ocitiis.	7 tillouit	110.	7 anount	110.	7 tillouit
prior year	ا ۱	0	۱ ،	0	0	n	ا ۱	٥	ا ا	ا ۱
17. Incurred during current year									0	0
Settled during current										
year: 18.1 By payment in full									0	0
18.2 By payment on									_	_
compromised claims . 18.3 Totals paid		0			n	l	0	Λ	U	0
18.4 Reduction by compromise			J	0				0		
18.5 Amount rejected									 n	0 N
	0	Λ	n	n	Λ	Λ	0	Λ	n	n
19. Unpaid Dec. 31, current		0								
year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
10.07			ı .	0	No. of		Ů	, ,		
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	0	0	0	0	0	0	0	0	0	0
			ļ						0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0		(a)		0	0	0	0	0
(a) Includes Individual Credit L		e: prior vear \$			rre t ve.	· ·	· · · · · · · · · · · · · · · · · · ·		· · · · · ·	-
Includes Group Credit Life Loans greater than 60 mon	Insurance: L	oans less than o	r equal to 60					rent year \$ t year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND IIL	ALIII III SI	DIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:			1		
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	0
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	1 0	0	0



DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2015

AIC (Group Code 01260	LIFE	INSURANCI	E	NAIC Company C	any Code 18750		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4	5 Total		
1		Orumary	and muividual)	Group	iliuusiliai	TOLAI		
١.	Life insurance							
			XXX		vvv			
	-171		······································					
	Other considerations		ļ					
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0			
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit							
	6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period 6.4 Other							
	6.5 Totals (sum of Lines 6.1 to 6.4)	0		0	0			
	7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7.3)			0	0			
Ω	Grand Totals (Lines 6.5 + 7.4)							
0.	DIRECT CLAIMS AND BENEFITS PAID	0	0	- · · · · · · · · · · · · · · · · · · ·	- 0			
^								
	Death benefits							
	Matured endowments		····					
	Annuity benefits		····					
13.	Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0			
	All other benefits, except accident and health							
15.	Totals	0	0	0	0			
	DETAILS OF WRITE-INS							
301.								
302.								
303.			<u> </u>					
398.	Summary of remaining write-ins for Line 13 from overflow	0	0	0	0			
399	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0 1	0	0			

				edit Life						
ļ		rdinary	V F -	nd Individual)		Group		dustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0		
Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims									0	
18.3 Totals paid 18.4 Reduction by	0	0	0	0	0	0	0	0	0	
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT 20. In force December 31, prior year	0	0	0	(a)0	No. of Policies	0	0	0	0	
21. Issued during year									0	
23. In force December 31 of current year	0	0	0	(a) (0	0	0	0	
(a) Includes Individual Credit Li Includes Group Credit Life I Loans greater than 60 mon	Insurance: L	oans less than o						rent year \$ year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDE	MI AND HE	.AL 111 11431	DIVAIVE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (p)					L
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0]0	0	0
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	1 0	1 0	1 0	0	1 0

6. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2015

AIC Group Code 01260	LIFE	LIFE INSURANCE NA						
	1	2	3	4	5			
DIRECT PREMIUMS		Credit Life (Group						
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total			
Life insurance								
Annuity considerations								
Deposit-type contract funds		XXX		XXX				
Other considerations								
5. Totals (Sum of Lines 1 to 4)	0	0	0	0				
DIRECT DIVIDENDS TO POLICYHOLDERS	S							
Life insurance:								
6.1 Paid in cash or left on deposit								
6.2 Applied to pay renewal premiums								
6.3 Applied to provide paid-up additions or shorten t								
endowment or premium paying period								
6.4 Other								
6.5 Totals (sum of Lines 6.1 to 6.4)	0	ļ0 ļ	0	0				
Annuities:								
7.1 Paid in cash or left on deposit								
7.2 Applied to provide paid-up annuities								
7.3 Other								
7.4 Totals (sum of Lines 7.1 to 7.3)			<u>0</u>	<u>0</u>				
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0				
DIRECT CLAIMS AND BENEFITS PAID								
Death benefits								
10. Matured endowments								
11. Annuity benefits								
Surrender values and withdrawals for life contracts								
13. Aggregate write-ins for miscellaneous direct claims	and							
benefits paid	0	ļ0 l	0	0				
14. All other benefits, except accident and health		ļ						
15. Totals	0	0	0	0				
DETAILS OF WRITE-INS								
301.								
302.								
303.								
398. Summary of remaining write-ins for Line 13 from over	erflow							
pagé		J 0 J	0	Q				
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 ab	ove) 0	0	0	0				

				edit Life						
ļ		rdinary	V F -	nd Individual)		Group		dustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0		
Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims									0	
18.3 Totals paid 18.4 Reduction by	0	0	0	0	0	0	0	0	0	
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT 20. In force December 31, prior year	0	0	0	(a)0	No. of Policies	0	0	0	0	
21. Issued during year									0	
23. In force December 31 of current year	0	0	0	(a) (0	0	0	0	
(a) Includes Individual Credit Li Includes Group Credit Life I Loans greater than 60 mon	Insurance: L	oans less than o						rent year \$ year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	ALIHINS	DRANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b).					
24. Group policies (b)					
 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees 					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:			1		
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.1 Non-cancelable (b)					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0



DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2015

Group Code 01260		INSURANCI		NAIC Company Code 18750			
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
Life insurance							
7							
Deposit-type contract funds		ДХХХ		XXX			
4. Other considerations							
5. Totals (Sum of Lines 1 to 4)	0	0	0	0			
DIRECT DIVIDENDS TO POLICYHOLDERS							
Life insurance:							
6.1 Paid in cash or left on deposit							
6.2 Applied to pay renewal premiums							
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period							
6.4 Other		 					
6.5 Totals (sum of Lines 6.1 to 6.4)	0	ļ0 <u> </u>	0	0			
Annuities:							
7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other	\						
7.2 Applied to provide paid-up annuities							
7.3 Other	$\mathbf{V} \mathbf{V} \mathbf{J}$						
7.4 Totals (sum of Lines 7.1 to 7.3)			0	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID							
9. Death benefits							
10. Matured endowments							
11. Annuity benefits							
13. Aggregate write-ins for miscellaneous direct claims and	^		_	_			
benefits paid	0	^U		^D			
14. All other benefits, except accident and health	Λ	·····	·····				
15. Totals	U	0	0	0			
DETAILS OF WRITE-INS							
01		ļ					
02							
103.							
98. Summary of remaining write-ins for Line 13 from overflow	Λ	_	_	_			
page		J	h	h			
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0			

	Q	rdinary		edit Life and Individual)	(Group	Inc	dustrial		Total
1	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,		7 1110 0110	0 00	741104111	00.10.	7 1110 01110		7 1110 0110	110.	7 1110 0110
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									0	0
Settled during current										
year:										
18.1 By payment in full									0	0
18.2 By payment on										
compromised claims									0	0
18.3 Totals paid		0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
		0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
1313,			,	_	No. of	-			_	
POLICY EXHIBIT					Policies					
20. In force December 31.				(a)						
prior year	0	0	n	0	0	0	0	0	n	0
21. Issued during year									0	0
22. Other changes to in force		• • • • • • • • • • • • • • • • • • • •								
(Net)									0	0
23. In force December 31				(a)		•				
of current year	0	0	0			0	0	0	0	0
(a) Includes Individual Credit L	ife Insurance	e: prior vear \$		VI	rre t ve.	,		· · · · · · · · · · · · · · · · · · ·		-
Includes Group Credit Life				months at paule.	prior year 3		CIL	rent year \$		
Loans greater than 60 mon										
Esans greater than 60 mon	and at 155ac	DOT NOT OILL		20 11101 pric	γουι ψ		Suitern	. γουι ψ		

ACCIDENT AND HEALTH INSURANCE

ACCIDE	MI AND HE	.AL 111 11431	DIVAIVE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (p)					L
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0]0	0	0
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	1 0	1 0	1 0	0	1 0

6. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products ... and number of persons insured under



DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2015

AIC Group Code 01260	LIFE	LIFE INSURANCE NA						
	1	2	3	4	5			
DIRECT PREMIUMS		Credit Life (Group						
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total			
Life insurance								
Annuity considerations								
Deposit-type contract funds		XXX		XXX				
Other considerations								
5. Totals (Sum of Lines 1 to 4)	0	0	0	0				
DIRECT DIVIDENDS TO POLICYHOLDERS	S							
Life insurance:								
6.1 Paid in cash or left on deposit								
6.2 Applied to pay renewal premiums								
6.3 Applied to provide paid-up additions or shorten t								
endowment or premium paying period								
6.4 Other								
6.5 Totals (sum of Lines 6.1 to 6.4)	0	ļ0 ļ	0	0				
Annuities:								
7.1 Paid in cash or left on deposit								
7.2 Applied to provide paid-up annuities								
7.3 Other								
7.4 Totals (sum of Lines 7.1 to 7.3)			<u>0</u>	<u>0</u>				
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0				
DIRECT CLAIMS AND BENEFITS PAID								
Death benefits								
10. Matured endowments								
11. Annuity benefits								
Surrender values and withdrawals for life contracts								
13. Aggregate write-ins for miscellaneous direct claims	and							
benefits paid	0	ļ0 l	0	0				
14. All other benefits, except accident and health		ļ						
15. Totals	0	0	0	0				
DETAILS OF WRITE-INS								
301.								
302.								
303.								
398. Summary of remaining write-ins for Line 13 from over	erflow							
pagé		J 0 J	0	Q				
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 ab	ove) 0	0	0	0				

				edit Life		_				
		rdinary		nd Individual)		Group		dustrial		Total
DIRECT DEATH BENEFITS AND MATURED	1	2	3 No. of Ind. Pols.	4	5	6	7	8	9	10
ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	C
17. Incurred during current										
year									0	0
Settled during current										
year:										
18.1 By payment in full			<u> </u>						0	
18.2 By payment on	i		İ							
compromised claims .									0	(
18.3 Totals paid	0	0	0	0	0	0	0	0	0	(
18.4 Reduction by										
									٥	r
18.5 Amount rejected									0	
18.6 Total settlements	0	Λ	0	0	Λ	n	Λ	Λ	0	
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	٥	0	(
10.0)	0	0	· ·	U	No. of	U	0	U	U	U
POLICY EXHIBIT					No. of Policies					
20. In force December 31,			1	(a)						
prior year	0	0	0	0	0	0	0	0	0	(
21. Issued during year			<u> </u>						L0	(
22. Other changes to in force	I						l			
									0	
23. In force December 31			.	(a)						
of current year	0	0	0			0	0	0	0	(
a) Includes Individual Credit L	ife Insurance	e: prior year \$			rre t yea					
Includes Group Credit Life I	Insurance: L	oans less than o	r equal to 60	months at paule.	pnor year \$		Curr	rent year \$		
Loans greater than 60 mon										

current year \$ ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND IIL	ALIII III SI	DIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:			1		
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	0
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	1 0	0	0



DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2015

Group Code 01260		INSURANC		NAIC Company Code 18750			
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
Life insurance							
Annuity considerations							
Deposit-type contract funds		ХХХ		XXX			
4. Other considerations							
5. Totals (Sum of Lines 1 to 4)	0	0	0	0			
DIRECT DIVIDENDS TO POLICYHOLDERS							
Life insurance:							
6.1 Paid in cash or left on deposit							
6.2 Applied to pay renewal premiums							
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period							
6.4 Other							
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0			
Annuities:							
7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other							
7.2 Applied to provide paid-up annuities							
7.3 Other							
7.4 Totals (sum of Lines 7.1 to 7.3)		<u>-</u>	0	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID							
9. Death benefits							
10. Matured endowments							
11. Annuity benefits		ļ					
		ļ					
13. Aggregate write-ins for miscellaneous direct claims and	٥		_	_			
benefits paid	U	^U	l	^D			
15. Totals	Λ	l					
DETAILS OF WRITE-INS	U	0	- U	0			
01.							
02.							
1003.							
98. Summary of remaining write-ins for Line 13 from overflow	Λ	ا ۱	n	_			
pagé		ⁿ	h	h			
33. Total (Lines 1301 tillough 1303 + 1396) (Line 13 above)	0	0	0	0 1			

	Q	rdinary		edit Life and Individual)	(Group	Inc	dustrial		Total
1	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,		7 1110 0110	0 00	741104111	00.10.	7 1110 01110		7 1110 0110	110.	7 1110 0110
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									0	0
Settled during current										
year:										
18.1 By payment in full									0	0
18.2 By payment on										
compromised claims									0	0
18.3 Totals paid		0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
		0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
1313,			,	_	No. of	-			-	
POLICY EXHIBIT					Policies					
20. In force December 31.				(a)						
prior year	0	0	n	0	0	0	0	0	n	0
21. Issued during year									0	0
22. Other changes to in force		• • • • • • • • • • • • • • • • • • • •								
(Net)									0	0
23. In force December 31				(a)		•				
of current year	0	0	0			0	0	0	0	0
(a) Includes Individual Credit L	ife Insurance	e: prior vear \$		VI	rre t ve.	,		· · · · · · · · · · · · · · · · · · ·		-
Includes Group Credit Life				months at paule.	prior year 3		CIL	rent year \$		
Loans greater than 60 mon										
Esans greater than 60 mon	and at 155ac	DOT NOT OILL		20 11101 pric	γουι ψ		Suitern	. γουι ψ		

ACCIDENT AND HEALTH INSURANCE

ACCIDE	ACCIDENT AND HEALTH INSURANCE												
	1	2	3	4	5								
			Dividends Paid or										
		Direct Premiums	Credited On Direct		Direct Losses								
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred								
24. Group policies (b)													
24. Group policies (b)													
24.2 Credit (Group and Individual)													
24.3 Collectively renewable policies (b)													
24.4 Medicare Title XVIII exempt from state taxes or fees													
Other Individual Policies:			1										
25.1 Non-cancelable (b)													
25.2 Guaranteed renewable (b)													
25.3 Non-renewable for stated reasons only (b)													
25.4 Other accident only													
25.5 All other (b)													
25.5 All other (b)	0	0	0	0	0								
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	1 0	0	0								

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2015

NAIC C	Group Code 01260	LIFE	INSURANC	E	NAIC Company Code 18750		
		1	2	3	4	5	
	DIRECT PREMIUMS		Credit Life (Group				
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance					0	
	Annuity considerations					0	
	Deposit-type contract funds		XXX		XXX	0	
	Other considerations					0	
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0	
	DIRECT DIVIDENDS TO POLICYHOLDERS						
	Life insurance:						
	6.1 Paid in cash or left on deposit					0	
	6.2 Applied to pay renewal premiums					0	
	6.3 Applied to provide paid-up additions or shorten the						
	endowment or premium paying period					0	
1	6.4 Other					0	
	6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0	
	Annuities:						
	7.1 Paid in cash or left on deposit					0	
	7.2 Applied to provide paid-up annuities					0	
	7.3 Other		······································			0	
1	7.4 Totals (sum of Lines 7.1 to 7.3)		<u>-</u>	Q	0 J	0	
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0	
	DIRECT CLAIMS AND BENEFITS PAID						
	Death benefits					0	
	Matured endowments					0	
	Annuity benefits						
	Surrender values and withdrawals for life contracts					0	
13.	Aggregate write-ins for miscellaneous direct claims and						
	benefits paid	0			D		
	All other benefits, except accident and health		ļ			0	
15.	Totals	0	0	0	0	0	
	DETAILS OF WRITE-INS						
1303.							
1398.	Summary of remaining write-ins for Line 13 from overflow	•				•	
	page	0	J0 J	0	0	0	
1399.	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0	

	Oı	rdinary		edit Life Ind Individual)	(Group	Inc	dustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind. Pols.	4	No. of	6	7	8	9	10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	
year Settled during current year: 18.1 By payment in full									0	
18.4 Reduction by	0	0	0	0	0	0	0	0	0	
compromise	0	0	0	0	0	0	0	0	0	
year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT 20. In force December 31, prior year	0	0	0	(a) 0	No. of Policies	0	0	0	0	
22. Other changes to in force (Net)									0	
23. In force December 31 of current year	0	0	0	(a)		0	0	0	0	
(a) Includes Individual Credit Li Includes Group Credit Life I Loans greater than 60 mont	nsurance: L	oans less than o						ent year \$year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INSURANCE												
	1	2	3	4	5							
			Dividends Paid or									
		Direct Premiums	Credited On Direct		Direct Losses							
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred							
24. Group policies (b)												
24.1 Federal Employees Health Benefits Plan premium (b)												
24.3 Collectively renewable policies (b)												
24.4 Medicare Title XVIII exempt from state taxes or fees												
Other Individual Policies:												
25.1 Non-cancelable (b)												
25.2 Guaranteed renewable (b)												
25.3 Non-renewable for stated reasons only (b)												
25.4 Other accident only												
25.5 All other (b)												
25.5 All other (b)	0	0	0	0	0							
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	1 0	0	0							

6. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2015

C Gro	oup Code 01260	LIFE	INSURANC		NAIC Company Code 18750				
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total			
1 1	ife insurance	Ordinary	and marviadar)	Огоир	maastrar	rotai			
	nnuity considerations								
	Deposit-type contract funds		ХХХ		XXX				
	Other considerations								
	otals (Sum of Lines 1 to 4)	0	0	0	0				
<u> </u>	DIRECT DIVIDENDS TO POLICYHOLDERS		, ,						
11	ife insurance:								
6	.1 Paid in cash or left on deposit								
6	.2 Applied to pay renewal premiums								
	3.3 Applied to provide paid-up additions or shorten the								
Ŭ	endowment or premium paying period								
6	.4 Other								
6	.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0				
1	Annuities:								
7	.1 Paid in cash or left on deposit								
7	.1 Paid in cash or left on deposit								
7	3 Other								
7	.4 Totals (sum of Lines 7.1 to 7.3)			0	0				
8. G	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0				
	DIRECT CLAIMS AND BENEFITS PAID								
9. D	Peath benefits		İ						
	Natured endowments								
	nnuity benefits								
	aggregate write-ins for miscellaneous direct claims and								
b	enefits paid	0	0	0	0				
14. A	Il other benefits, except accident and health								
15. T	otals	0	0	0	0				
D	DETAILS OF WRITE-INS								
302									
303									
398. S	Summary of remaining write-ins for Line 13 from overflow								
	page	0	J0 L	0	0				
399. T	otal (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0				

				edit Life						
ļ		rdinary	V F -	nd Individual)		Group		dustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0		
Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims									0	
18.3 Totals paid 18.4 Reduction by	0	0	0	0	0	0	0	0	0	
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT 20. In force December 31, prior year	0	0	0	(a)0	No. of Policies	0	0	0	0	
21. Issued during year									0	
23. In force December 31 of current year	0	0	0	(a) (0	0	0	0	
(a) Includes Individual Credit Li Includes Group Credit Life I Loans greater than 60 mon	Insurance: L	oans less than o						rent year \$ year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INSURANCE												
	1	2	3	4	5							
			Dividends Paid or									
		Direct Premiums	Credited On Direct		Direct Losses							
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred							
24. Group policies (b)												
24.1 Federal Employees Health Benefits Plan premium (b)												
24.3 Collectively renewable policies (b)												
24.4 Medicare Title XVIII exempt from state taxes or fees												
Other Individual Policies:												
25.1 Non-cancelable (b)												
25.2 Guaranteed renewable (b)												
25.3 Non-renewable for stated reasons only (b)												
25.4 Other accident only												
25.5 All other (b)												
25.5 All other (b)	0	0	0	0	0							
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	1 0	0	0							

6. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2015

NAIC C	Group Code 01260	LIFE	INSURANC	E	NAIC Company Code 18750		
		1	2	3	4	5	
	DIRECT PREMIUMS		Credit Life (Group				
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance					0	
2.	Annuity considerations					0	
	Deposit-type contract funds		XXX		XXX	0	
	Other considerations					0	
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0	
	DIRECT DIVIDENDS TO POLICYHOLDERS						
	Life insurance:						
	6.1 Paid in cash or left on deposit					0	
	6.2 Applied to pay renewal premiums					0	
	6.3 Applied to provide paid-up additions or shorten the						
	endowment or premium paying period						
	6.4 Other						
	6.5 Totals (sum of Lines 6.1 to 6.4)	0	ļ0 <u> </u>	0	0	(
	Annuities:						
	7.1 Paid in cash or left on deposit					(
	7.2 Applied to provide paid-up annuities					(
	7.3 Other						
	7.4 Totals (sum of Lines 7.1 to 7.3)			0	0		
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	(
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits						
10.	Matured endowments						
	Annuity benefits					(
12.	Surrender values and withdrawals for life contracts					(
13.	Aggregate write-ins for miscellaneous direct claims and						
	benefits paid	0	0	0	0	(
	All other benefits, except accident and health					(
15.	Totals	0	0	0	0		
	DETAILS OF WRITE-INS					·	
1303.							
1398.	Summary of remaining write-ins for Line 13 from overflow						
	page	0	ļ0 	0	0	0	
1399.	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0 1	0	

	Oı	rdinary		edit Life Ind Individual)	(Group	Inc	dustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind. Pols.	4	No. of	6	7	8	9	10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	
year Settled during current year: 18.1 By payment in full									0	
18.4 Reduction by	0	0	0	0	0	0	0	0	0	
compromise	0	0	0	0	0	0	0	0	0	
year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT 20. In force December 31, prior year	0	0	0	(a) 0	No. of Policies	0	0	0	0	
22. Other changes to in force (Net)									0	
23. In force December 31 of current year	0	0	0	(a)		0	0	0	0	
(a) Includes Individual Credit Li Includes Group Credit Life I Loans greater than 60 mont	nsurance: L	oans less than o						ent year \$year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDE	ACCIDENT AND HEALTH INSURANCE												
	1	2	3	4	5								
			Dividends Paid or										
		Direct Premiums	Credited On Direct		Direct Losses								
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred								
24. Group policies (b)													
24. Group policies (b)													
24.2 Credit (Group and Individual)													
24.3 Collectively renewable policies (b)													
24.4 Medicare Title XVIII exempt from state taxes or fees													
Other Individual Policies:			1										
25.1 Non-cancelable (b)													
25.2 Guaranteed renewable (b)													
25.3 Non-renewable for stated reasons only (b)													
25.4 Other accident only													
25.5 All other (b)													
25.5 All other (b)	0	0	0	0	0								
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	1 0	0	0								



DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2015

Group Code 01260		INSURANC		NAIC Company Code 18750		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance						
7		ļ				
Deposit-type contract funds		ХХХ		XXX		
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	0	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0		
Annuities:						
7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)		<u>-</u>	0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits		ļ				
		ļ				
13. Aggregate write-ins for miscellaneous direct claims and	٥		_	_		
benefits paid	U	^U	l	l		
15. Totals	Λ	l				
DETAILS OF WRITE-INS	U	0	- U	- U		
01.						
02.		····				
193. Summary of remaining write-ins for Line 13 from overflow						
90. Summary of remaining write-ins for Line 13 from overflow	Λ	ا ۱	n	ا ۱		
page		ⁿ	h			
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	0.	rdin on /		edit Life	,	Craun	lm.	dustrial		Total
l -	1	rdinary		nd Individual)		Group	7	dustrial	9	
DIRECT DEATH	1	2	3	4	5	6	/	8	9	10
BENEFITS AND MATURED			No. of							
ENDOWMENTS			Ind. Pols. &		Nia af					
INCURRED	No.	Amount	Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
	INO.	Amount	Gr. Ceruis.	Amount	Certiis.	Amount	INO.	Amount	NO.	Amount
16. Unpaid December 31,	0	0	_	0	0	0	0	0	_	
prior year	l	0		0		0	0	0	L	L0
17. Incurred during current									_	_
year									U	LU
Settled during current										
year: 18.1 By payment in full									_	_
									L	<u> </u> U
18.2 By payment on									_	_
compromised claims .									L	L
18.3 Totals paid 18.4 Reduction by	ا لاا	0	J	0		l0		0	L	0
									_	_
compromise									L	LU
18.6 Total settlements				^		Λ			J	0
19. Unpaid Dec. 31, current	l	0		0		l0		0		LU
year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	٥	0	_
10.0)	U	U	U	0	U Diagram	U	U	U	0	U
DOLLOW EXCURIT					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,	_			(a)	_			_	_	_
prior year		0	J	0	0	}0	0	L ⁰	ļ	ļ0
21. Issued during year									ļ	L ⁰
22. Other changes to in force			_	_		l			_	_
(Net)				(-)					L	LU
	0	0		(a)			0	0	0	_
of current year		U	0	\ 			0	U	1 0	<u> </u>
(a) Includes Individual Credit L	ne insurance	e. prior year \$			rre it years	-		t C		
Includes Group Credit Life	msurance: L	Loans less than o	equal to 60	months at 1550e,	piror year			rent year \$		
Loans greater than 60 mon	tns at issue l	BUT NOT GREA	IER IHAN 1	20 MONTHS, pric	oryear\$		current	year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INSURANCE									
	1	2	3	4	5				
			Dividends Paid or						
		Direct Premiums	Credited On Direct		Direct Losses				
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred				
24. Group policies (b)									
24. Group policies (b)									
24.2 Credit (Group and Individual)									
24.3 Collectively renewable policies (b)									
24.4 Medicare Title XVIII exempt from state taxes or fees									
Other Individual Policies:			1						
25.1 Non-cancelable (b)									
25.2 Guaranteed renewable (b)									
25.3 Non-renewable for stated reasons only (b)									
25.1 Non-cancelable (b)									
25.5 All other (b)									
25.6 Totals (sum of Lines 25.1 to 25.5)		0]0	0	J0				
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	1 0	0	1 0				



DIRECT BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2015

C Group Code 01260	INSURANC	E	NAIC Company C	ode 18750		
DIRECT PREMIUMS			3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance	0	0	0	0		
Annuity considerations	0	0		0 		
Deposit-type contract funds	0	XXX	0	XXX		
Other considerations	0	0	0	0 L		
5. Totals (Sum of Lines 1 to 4)	0	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0		
6.2 Applied to pay renewal premiums	0	ļ0 ļ	0	0		
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period	0	0	0	0		
6.4 Other	0	0	0	0		
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0		
Annuities:				1		
7.1 Paid in cash or left on deposit	0	0	0	0		
7.2 Applied to provide paid-up annuities	0	0	0	0		
7.3 Other		0	0	0		
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	0	0	0	0 L		
10. Matured endowments		0	0	0		
11. Annuity benefits	0	0	0	0		
	0	0	0	0		
13. Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	0	0 L	0 L		
14. All other benefits, except accident and health	0	0	0	0		
15. Totals	0	0	0 [0		
DETAILS OF WRITE-INS						
01.						
)2.						
03.						
98. Summary of remaining write-ins for Line 13 from overflow						
	0	0	0	0		
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	n	0		

				edit Life						
L		rdinary	-	nd Individual)		Group	Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH			No. of							
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	
17. Incurred during current										
year	0	0	0	0	0	0	0	0	0	
Settled during current										
year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	
18.2 By payment on										
compromised claims .	0	0	0	0	0	0	0	0	0	
18.3 Totals paid	l	0	۵	0	0	0	0	0	0	
18.4 Reduction by	I									
compromise	0	0	0	0	0	0	0	0	0	
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	
18.6 Total settlements	0	0	0	0	0 l	0	0	0	0	
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	
, i					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31.				(a)						
prior year	0	0	0	0	0	0	0	0	0	
21. Issued during year		0	0	0	0	0	0	0	0	
22. Other changes to in force			[[
		0	0	0	n l	0	0	0	n l	
23. In force December 31			I	(a)					[
of current year	0	0	0	0	0	0	0	0	0	
a) Includes Individual Credit Li				0 cu	rrent year \$	-	0	-	· · ·	
Includes Group Credit Life I	Insurance: I	oans less than o	r equal to 60	months at issue				ent year \$		0
Loans greater than 60 month								year \$.30

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND REALTH INSURANCE								
	1	2	3	4	5			
			Dividends Paid or					
		Direct Premiums	Credited On Direct		Direct Losses			
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred			
24. Group policies (b)	0	0	0	0	0			
24. Group policies (b)	0	0	0	0	0			
24.2 Credit (Group and Individual)	0	0	0	0	0			
24.3 Collectively renewable policies (b)	0	0	0	0	0			
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0			
Other Individual Policies:								
25.1 Non-cancelable (b)	0	0	0	0	0			
25.2 Guaranteed renewable (b)	0	0	0	0	l0			
25.3 Non-renewable for stated reasons only (b)	L0	0	0	0	0			
25.4 Other accident only	1 0	0	1 0	0	0			
25.5 All other (b)	114,753,957	114,753,957	0	109,999,217	95,414,407			
25.6 Totals (sum of Lines 25.1 to 25.5)	114,753,957	114,753,957	0	109,999,217	95,414,407			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	114,753,957	114,753,957	0	109,999,217	95,414,407			

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under lindemnity only products and number of persons insured under lindemnity only products and number of persons insured under lindemnity only products and number of persons insured under lindemnity only products and number of persons insured under lindemnity only products and number of persons insured under lindemnity only products and number of persons insured under lindemnity only products and number of persons insured under lindemnity only products and number of persons insured under lindemnity only products and number of persons insured under lindemnity only products and number of persons insured under lindemnity only products and number of persons insured under lindemnity only products and number of persons insured under lindemnity only products and number of persons insured under lindemnity only products and number of persons insured under lindemnity only products and number of persons insured under lindemnity only products and number of persons insured under lindemnity only products and number of persons insured under lindemnity only products and number of persons insured under lindemnity only products and number of persons insured under lindemnity only products and number of persons insured under lindemnity only products and number of persons insured under lindemnity only products and number of persons insured under lindemnity only products.